

deBriefings

A DISSENTING VIEW ON AIDS POLICY

by Michael P. Wright © 2000

As a former AIDS research grant recipient, I wish to praise South African President Thabo Mbeki for his courage in having publicly declared his willingness to listen to scientists who challenge AIDS orthodoxy.

For nine years, beginning in 1987, I was involved professionally in AIDS/HIV research. During the 1990s, I was awarded two federal grants for this work by the Small Business Innovation Research program of the US National Cancer Institute. By the end of this period, I had become sceptical about official beliefs concerning AIDS.

My project was to design computer software that assessed risk for current HIV infection. After computing the probability of infection by incorporating the anonymous user's answers into a detailed history interview conducted in privacy, the software makes a recommendation about whether the individual should have an HIV antibody test.

In order to win these grants, I had to review the epidemiologic literature to arrive at plausible measures of HIV transmission risk for different kinds of sexual conduct and at reasonable estimates of HIV infection prevalence within various US population groups.

From this research, I concluded that there was absolutely no reason to fear a heterosexual HIV epidemic sustained by the practice of vaginal sex in the United States.

Although numerous studies have demonstrated the enormously low possibility of a heterosexual HIV epidemic, the Centers for Disease Control (CDC) chose to ignore them and launched a fraudulent campaign of fear to convince the majority of the American public that sexually active people are at significant risk of contracting HIV.

The scare campaign was initiated in the late 1980s, and was nothing more than a political strategy to stir up popular support for elevated government spending for various AIDS programs, including pursuit of the elusive dream of miracle cures. Pharmaceutical companies have enjoyed handsome benefits from this endeavour, and now seek to expand their enterprises in South Africa and other Third World nations. There is a large body of literature which supports the conclusion that the possibility of a heterosexual HIV epidemic is enormously low. [Referenced examples deleted due to space considerations; contact us for these if required, or see the website listed at the end of this article. Ed.]

In one of the more honest moments of reporting by the mainstream American press, the *Wall Street Journal* exposed the political nature of the scare campaign in a long article published on May 1, 1996. The *Journal* described the creation of the CDC's "marketing campaign" to spread the belief in universality of risk for AIDS. The article reported that federal funding for AIDS-related medical research grew to US\$1.65 billion in 1996 from \$341 million in 1987, while the CDC's prevention dollars grew to \$584 million from \$136 million. Interestingly, as shown by the

CDC's own published numbers, the HIV prevalence within the vast population they were intending to frighten was actually declining as the scare propaganda was escalated.

As I observed the growing credibility gap between the perception manufactured by the scare campaigners and the reality described in the scientific press, I became open to arguments attacking other elements in the officially promoted belief system about AIDS. In plain terms, one might ask: if they would lie as shamelessly as they have about heterosexual risk, could they be trusted to be honest about other aspects of AIDS?

Robert Root-Bernstein, a Michigan State physiologist and the author of *Rethinking AIDS* (Free Press, 1993), was the first sceptical writer to influence me to begin questioning the view that HIV is the sole cause of AIDS. In a *Wall Street Journal* guest editorial (March 17, 1993), he pointed out that AIDS had remained within specific risk groups: gay men and "an ever-growing population of urban, drug-addicted, poverty-ridden, malnourished, hopeless and medically deprived people".

Root-Bernstein further emphasised that those who suffer from

AIDS "have many additional immune-suppressive factors at work for them that predispose them to disease". His list of examples included semen-induced autoimmunity following unprotected anal sex, blood transfusions, multiple concurrent infections, both recreational and pharmaceutical drug use, malnutrition and anaemia.

His opinion was that HIV does not explain AIDS in the absence of a co-factor. It follows that eliminating the other risk factors is the plausible strategy for combatting AIDS, instead of treatment with toxic antiviral drugs.

In the foreword to *Inventing the AIDS Virus* (Regnery Publishing, 1997) by prominent AIDS dissenter Peter M. Duesberg, Nobel laureate Kary Mullis reports his failure to discover a single scientific publication demonstrating that HIV is the cause of AIDS.

The official definition of "AIDS" has been an evolving political drama whose script has been written by bureaucratic operatives scheming on maximising advantage for their agencies. In the United States, there have been four official AIDS definitions since 1983. Dr Duesberg says: "Every time the CDC needs higher rates of new AIDS cases, it expands that definition once again, and more diseases are reclassified into the syndrome."

In Africa, an altogether different definition is used. Created by the World Health Organization, it does not even require that presence of HIV be detected in order to diagnose an "AIDS" case.

Given this state of affairs, a more plausible statement of a tenable scientific hypothesis would be: what factors explain serious illness and mortality in those who have been labelled "AIDS" patients? Are there, on published record, any cases of such patients for whom all proposed causes of immunosuppression, other than HIV infection, have been contradicted by evidence?

(Source: by Michael P. Wright, San Francisco Chronicle, May 24, 2000; www.lightparty.com/Health/Health.html)

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CLASS ACTION LAWSUIT ON RITALIN FRAUD

The law firm of Waters & Kraus takes this opportunity to announce the filing in Texas of a class action lawsuit entitled "Hernandez, Plaintiff, Individually and on Behalf of all Others Similarly Situated v. Ciba Geigy Corporation, USA, Novartis Pharmaceuticals Corporation, Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD), and the American Psychiatric Association. Dr Peter Breggin (author of *Toxic Psychiatry, The War Against Children* and *Talking Back to Prozac*) is serving as a medical consultant in the case.

While this filing is a departure from Waters & Kraus's continuing practice of toxic exposure and cancer cases, the pattern and practice of improper conduct on the part of the defendants in this case rivals that of the asbestos corporate defendants and tobacco companies in other cases.

The suit states allegations based on fraud and conspiracy. From approximately 1955 through 1995, the exclusive or primary manufacturer and supplier of Ritalin in this country was Ciba-Geigy Corp., USA ("Ciba") (Defendant). In 1996, Ciba merged with Sandoz Pharmaceuticals Corp. to become Novartis Pharmaceuticals Corp. ("Novartis") (Defendant). Ciba/Novartis has manufactured, marketed and sold Ritalin since approximately 1955.

Ciba/Novartis planned, conspired and colluded to create, develop and promote the diagnosis of Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) in a highly successful effort to increase the market for its product Ritalin. In addition to its actions and involvement with the creation of the ADD and ADHD diagnoses, Ciba/Novartis took steps to promote and dramatically increase the sales of Ritalin by way of the following:

1. Actively promoting and supporting the concept that a significant percentage of children suffer from a "disease" which required narcotic treatment/therapy;
2. Actively promoting Ritalin as the "drug of choice" to treat children diagnosed with ADD and ADHD;
3. Actively supporting groups such as Defendant CHADD, both financially and with other means, so that such organizations would promote and support (as a supposed neutral party) the ever-increasing implementation of ADD/ADHD diagnoses as well as directly increasing Ritalin sales;
4. Distributing misleading sales and promotional literature to parents, schools and other interested persons in a successful effort to further increase the number of diagnoses and the number of persons prescribed Ritalin.

Defendant CHADD (Children and Adults with Attention Deficit/Hyperactivity Disorder) has been a recipient of financial donations and contributions from Defendants Ciba/Novartis for many years. CHADD received US\$748,000 from Ciba/Novartis

in the period 1991 to 1994 alone. During the periods when CHADD received funding from Ciba/Novartis, CHADD deliberately made efforts to increase the sales of Ritalin, to increase the supply of methylphenidate (the generic name for Ritalin) available in the United States, and to reduce or eliminate laws and restrictions concerning the use of Ritalin and methylphenidate in the United States, all to the financial benefit of Ciba/Novartis. Ciba/Novartis made such financial contributions with the purpose of advertising and promoting sales of Ritalin, an internationally controlled substance. Ciba/Novartis has thus repeatedly violated Article 10 of the United Nations Convention on Psychotropic Substances, 1019 UNTS 175 (1971). CHADD's activities nation-

wide have led to a significant increase in the amount of Ritalin taken by schoolchildren and have directly resulted in enormous profits to Ciba/Novartis.

Parents, the school districts and other interested parties are generally unaware that use of Ritalin can cause a significant number of health problems and risks, including but not limited to the following:

- **Cardiovascular:** rapid heart beat (palpitations, tachycardia), high blood pressure (hypertension), unusual heart rhythm (arrhythmia), heart attack (cardiac arrest);
- **Central Nervous System:** altered mental status (psychosis), hallucinations, depression or excitement, convulsions/seizures (excessive brain stimulation), drowsiness or "dopey" feeling, confusion, lack of sleep (insomnia), agitation/irritation/anxiety/nervousness, hostility, unhappiness (dysphoria), impaired mental abilities (cognitive impairment on tests), jerky movements (dyskinesia, tics, Tourette's syndrome), nervous habits (such as picking at skin or pulling hair), compulsive behavior, depression/oversensitivity, decreased social interest, zombie-like behavior;
- **Gastrointestinal:** eating disorders (anorexia), nausea, vomiting, stomach ache/cramps, dry mouth, constipation,

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abnormal liver function tests;

- **Endocrine/Metabolic:** growth problems (pituitary dysfunction), weight loss;
- **Other:** blurred vision, headache, dizziness, rash/conjunctivitis/hives, hair loss, inflammation of the skin (dermatitis), blood disorders (anorexia, leukoplacia), involuntary discharge of urine (enuresis), fever, joint pain, unusual sweating;
- **Withdrawal & Rebound:** sleep problems (insomnia), evening crash, overactivity and irritability, worsening of ADHD-like symptoms.

In addition, it is not generally known or understood by the public that use of Ritalin will preclude an individual from ever joining the US military, because Ritalin is classified as a Class II controlled substance along with other amphetamines and morphine.

Please send comments to information@ritalinfraud.com.

(Source: Waters & Kraus website, www.ritalinfraud.com)

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BRAZIL'S MIRACLE MAN: A PERSONAL ACCOUNT

by Richard Hood © 2000

Many of our readers have travelled to Brazil to receive healing through João de Deus at the House of Dom Inácio de Loyola, having read Robert Pellegrino-Estrich's article "The Amazing Cures of a Brazilian Miracle Man" in NEXUS 5/02 (Feb-March 1998) and/or his book The Miracle Man. In early August we heard that local reader Richard Hood had just visited the centre, so we asked him to report on his experiences.

Dear Duncan: I have recently returned from South America after a trip to the healing centre of John of God (João de Deus) at Casa de Dom Inácio in Abadiânia in Goiás, Brazil. I would like to share my experiences with NEXUS readers so that they can read about the extraordinary healing events continuing to happen in the centre.

Two-and-a-half years ago, my brother David was struck down by a severe case of viral meningitic tuberculosis that ravaged his whole body and left him paralysed from the waist down. It produced two strokes in the brain and one in the spinal column, leaving him virtually a spastic. He was being fed via a feeding tube into the stomach and he's using a colostomy bag for his wastes to enable him to function normally.

His physical condition would be classified as virtually skin and bone. The doctors' opinion was that it was a miracle that he even survived the viral attacks. After the last two-and-a-half years in the conventional medical system, their opinion was that his present condition (as it was in June 2000 before we left) was as far as he would progress.

I read about the work of João de Deus in a NEXUS magazine article that appeared in 1998 [5/02] and was moved to read Robert Pellegrino-Estrich's book, *The Miracle Man*. Feeling there were no other viable options left for helping David, I put it to the family (which included my brother Michael) that we take him to João's centre in Brazil.

I contacted Robert and his wife Caterina in Sydney and asked about their trips to Brazil. We made bookings and then set off on 9 July on Robert and Caterina's tour, with the blessing of David's family. David's doctors gave us what amounted to a small suitcase full of drugs and supplies to support his medical needs.

From the moment Michael, David and I left New Zealand, where David lives, we felt we did not need to administer any of the drugs except for the pure codeine used to control the pain in David's legs. He suffered from considerable pain, and the pure, strong codeine was the only thing that brought relief when he went to sleep at night. Once we got to Casa de Dom Inácio, the healing centre, his dose of codeine went from 40 ml a night to 20 ml by the Full Moon of 16 July, and eventually down to nothing by the end of 20 days.

When we arrived, João started working on David within the first 24 hours and gave him an invisible psychic operation on the day. David began to show signs of improvement immediately. The most obvious change was that David started to sleep regularly and lengthily on the second night. He had not slept properly and peacefully for over two years. He began sleeping many long hours, both day and night, and the sleep was both undisturbed and

very deep. He began to eat like a horse (he had not eaten anything much solid for two-and-a-half years). His coughing and throat disturbances also diminished.

The doctors in New Zealand had said that David could not have bowel movements again and needed suppositories to assist him. He has now begun to have bowel movements every second day. João continued to see him three days a week, as is the normal pattern at the Casa, and he performed an invisible psychic operation every time he saw David.

Much to my surprise, on my second day there I had an invisible psychic operation on my kidneys and lungs. We began to find that we were all being worked on by João and his healing spirits ("entities", as they call them). João was prescribing us herbs to be taken three times per day, every day. I also had a physical operation over the heart on the third week I was there. That was amazing.

Because of the continuing improvements we've *all* had, we thought it best for David to stay in Abadiânia. He can now deliberately move his left leg. He's received sensations in both legs from his feet up. His attitude has now changed to smiles and lightheartedness. When his colostomy bag is now pinched off, he feels the pressure in his bladder. He's putting on weight and is getting his sense of humour back again.

While there, I saw many amazing healings. Every day I witnessed miracles, from tumours being removed, cancers healed, cataracts of the eye being whipped off and spirit possessions being removed. All that you hear is true!

When you travel to Brazil to Casa de Dom Inácio, it's important to understand that the healings you experience there are not all instantaneous. It's a personal journey for everyone. What I learned is that the pace of healing is very much to do with the person experiencing it.

David has been told he will walk again and be free of his tubes, and I look forward to sharing with your readers the rest of the journey. I returned from Brazil in early August, while Michael and David have stayed on to

keep receiving the grace, energy and healing at João's Casa.

I'd like you to note that 90 per cent of all the Westerners we spoke to while in Abadiânia were there because of the NEXUS article in 1998. They read all about João in the magazine or on the website.

I would recommend that if anyone wants to go to Abadiânia and gets the strong feeling to go, then check it out in your heart and if you feel okay, then go. You will not regret it and you will find yourself living a life of power and healing you never thought possible before going. All that we believe about the power of God and the individual healing him/herself is here right now.

Peace and best wishes,

Richard Hood

c/- Post Office, Mapleton Qld 4560, Australia

Every day I witnessed miracles, from tumours being removed, cancers healed, cataracts of the eye being whipped off and spirit possessions being removed.

Contact Details: For further information on the House of Dom Inácio healing centre and conducted tours, contact Robert and Caterina Pellegrino-Estrich on tel/fax +61 (0)2 9212 6345, e-mail them at l1ight@ozemail.com.au, or visit their website, www.johnofgod.com.